

44000079919

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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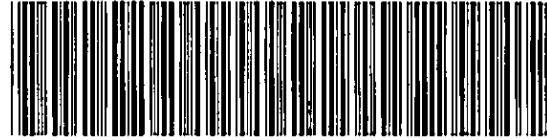
(Business Entity Name)

(Document Number)

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## COVER LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** WHITE GOLD FARMS INTERNATIONAL LLC  
Name of Limited Liability Company

**DOCUMENT NUMBER:** L14000079919

The enclosed Resignation of Registered Agent for a Limited Liability Company and fee are submitted for filing.

Please return all correspondence concerning this matter to the following:

OCTAVIO CARDOSO

Name of Person

NOTLYA HOLDINGS CORPORATION

Name of Firm/Company

21301 POWERLINE RD SUITE 207

Address

BOCA RATON, FL 33433

City/State and Zip Code

cardoso@westchesterintl.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

OCTAVIO CARDOSO at (561) 488-8048  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check made payable to the Florida Department of State for \$85.00 for an active limited liability company or \$25.00 for an administratively dissolved, voluntarily dissolved or withdrawn limited liability company.

**Mailing Address:**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address:**

Registration Section  
Division of Corporations  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

# STATEMENT OF RESIGNATION OF REGISTERED AGENT FOR A LIMITED LIABILITY COMPANY

Pursuant to the provisions of section 605.0115, Florida Statutes, the undersigned,

NOTLYA HOLDINGS CORPORATION

, hereby resigns as

Name of Registered Agent

Registered Agent for WHITE GOLD FARMS INTERNATIONAL LLC

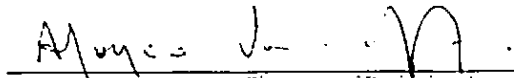
Name of Limited Liability Company

L14000079919

Document Number, if known

A copy of this resignation was mailed to the above listed limited liability company at its last known address.

The agency is terminated and the office discontinued on the 31st day after the date on which this statement is filed.

  
Signature of Resigning Agent

If signing on behalf of an entity:

ALOYSIO VASCONCELLOS

Typed or Printed Name

President

Capacity

## FILING FEES:

\$ 85.00 Active limited liability company  
\$ 25.00 Administratively dissolved/ voluntarily dissolved/  
withdrawn limited liability company

Make checks payable to Florida Department of State and mail to:  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

FILED  
2020 JAN 29 AM 10:10  
TALLAHASSEE, FL  
DIVISION OF CORPORATIONS